

APPLICATION FOR POOL/SPA HEALTH PERMIT

Environmental Health Services Division

Davis County Health Department
Physical Address: 22 South State Street, Clearfield, UT 84015
Mailing Address: P.O. Box 618, Farmington, UT 84025
Phone: 801-525-5128, TDD 801-451-3288

Fax: 801-525-5119

(One Application Required For Each Pool/Spa)

Pool Information		Type of Use: ☐ Yr-Round Pool ☐ Yr-Round Spa ☐ Seasonal Pool ☐ Seasonal Spa		
Pool Name		Ш		easonai opa
Pool Address	City	State	Zip Code	
		ading;□_Therapy <u>;</u> □_Spa;		
Pool Phone Number	Vater Slide; ☐ Interactive	e Water Feature; ☐ Other	(specify)	
Date of Application: Signature of Applica		ant:	Title:	
Invoice/Mailing Address (If different from abov	ve)		
Business Name		Vendor Acct. No.		
Street Address or P.O. Box	City	State	Zip Code	
Contact Information				
Contact Person	Phone Number	Cell Phone Number	E-Mail Address	
LPO	Phone Number	Cell Phone Number	E-Mail Address	
LPO Number	LPO Expiration Date	<u> </u>		
Analysis Information (Who	ere do you want wate	er sample results sent)	
Business Name				
Street Address or P.O. Box	City	State	Zip Code	
Contact Person	Phone Number	Cell Phone Number	E-Mail Address	
Owner Information and B	usiness Type (Please	e select one)	∏ L.L.C. ∏	Corporation
Owner Name				Corporation
Street/P.O. Box	City	State	Zip Code	
Contact Person	Phone Number	Cell Phone Number	E-Mail Address	
It is the responsibility of the swimming pool/spa Please make arrangements for Health Departr inspection has been conducted, a Licensed Po prior to permit issuance is a Class B Misdemea Pool Rules and Regulations. A swimming poo	ment access. The requested permit wi bol Operator (LPO) that is responsible anor. Applicant agrees that maintenar	ill be provided only after the following co for the facility, and the required fees hance of a health permit is predicated on o	onditions have been met: a satis ave been received. Operating a	factory pre-opening swimming pool/spa
Date Paid·	Receipt No.	Amount Paid		[Revised 08/05/16]